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### Diversity: Lack of African American Presence in Nursing Leadership

Dawn Carroll  
dcarroll2@dons.usfca.edu

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## **Diversity: Lack of African Americans in Nursing Leadership**

### **Abstract**

**Aim.** The purpose of this manuscript is to synthesize the literature on the paucity of African Americans in nursing leadership, the importance of inclusion, and the barriers to advancement.

**Background.** The nursing workforce does not reflect the population served. Minorities remain underrepresented in nursing and nursing leadership despite efforts to close the diversity gap.

**Evaluation.** The literature reviewed examined the lack of diversity in nursing and nursing leadership, perceived barriers to career advancement, and current efforts to diversify nursing leadership. Nine peer-reviewed, critically appraised studies are included.

**Key Issues.** Ensuring the nursing workforce represents the patient population served can reduce healthcare disparities. Minority nurse leaders are positioned to lead change in patient care and workforce issues by leveraging their presence and experience. The lack of leadership development programs hinders minority nurse advancement.

**Conclusions.** Minority representation in leadership positions is needed to better reflect the staff and patient population served, contributing to better patient outcomes, increased employee satisfaction, and inspiring nurses who would like to pursue leadership opportunities.

**Implications for Nursing Leadership.** Any long-term solution to achieving diversity in the health professions is dependent on diversity in leadership itself. It is incumbent on the nursing profession to lead the change to a diverse nursing workforce .

**Keywords:** *Diversity, barriers, advancement, nurse leaders, underrepresented*

## **Diversity: Lack of African Americans in Nursing Leadership**

Approximately one-third of the U.S. population over 18 years of age identifies as minority—a member of a census group other than non-Hispanic white. By 2043, the U.S. is projected to be majority minority (Vespa et al., 2020). These demographics are not reflected in the healthcare professions. Only 19 percent of respondents to the 2017 National Nursing Workforce Survey identified as belonging to a racial or ethnic minority (Smiley et al., 2018). African Americans account for 9.9% of the nursing workforce in the U.S. Furthermore, less than 6 percent of African American nurses are in executive leadership positions.

The COVID-19 pandemic has exposed longstanding systemic health and social inequities in the U.S., made evident by the disproportionate numbers of African Americans and Latinos becoming sick and dying from Covid-19 relative to the non-Hispanic white population. The disparities, while stark, are not exclusive to the pandemic. Individuals from racial and ethnic minority groups are at disproportionate risk of lacking access to care, receiving poor quality care, and experiencing worse health outcomes from preventable and treatable conditions (Jackson & Gracia, 2020).

### **Background and Significance**

Eighteen years ago, the Institute of Medicine (IOM) published a groundbreaking report, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care* (IOM, 2002). The report recognized the racial and ethnic differences in quality of care received by patients and the influence of bias and stereotyping on the provision of care. The report called for greater minority representation in the healthcare professions and urged leaders to pursue policies and practices to support that aim. Published results from the Institute for Diversity in Health Management's Benchmark Study of U.S. Hospitals (AHA, 2012) showed that only 14% of

hospital board members, 11% of hospital executive leaders, and 19% of first and mid-level managers identified as an ethnic minority. In the past 18 years, there has been little to no progress in minority representation in nursing leadership.

Nurse leaders, national nursing organizations, and the Health Resources and Services Administration (an agency of the U.S. Health and Human Services Administration), along with other stakeholders recognize increasing the representation of racial and ethnic minorities in the nursing profession as an evidence-based strategy to reduce health disparities (Phillips & Malone, 2014). Health-care professionals who identify as part of racial and ethnic minority groups are more likely to serve both professionally and demographically in the areas of greatest need (Carter, 2020; Heinrich, 2014). A diverse workforce is better positioned to fill the gaps in patient education and provide varied and inclusive cultural viewpoints in conversations with patients, nursing colleagues, and others on the healthcare team.

The Joint Commission (2010) has made several efforts to provide guidance for organizations to meet the needs of the patient by providing a more culturally competent workforce. Effective communication is needed to respond to patient needs and deliver culturally competent care. Cultural competence in the healthcare workforce requires valuing diversity internally and in the patient population served.

African American nurse leaders can impact the workforce by ensuring the delivery of culturally competent care and providing inspiration to nurses looking to and role model strength related to diversity. As workforce diversity requires an organizational commitment, African American nurse leaders can position themselves to recruit and retain a more diverse workforce (Phillips & Malone, 2014).

## **Methods**

A search of the literature on diversity in leadership in the nursing profession was conducted in August 2020 on the CINAHL, PubMed, and Scopus databases. The search terms used were *minority nurse, underrepresented, people of color, diversity, diversity and inclusion, recruitment, retention, strategies, barriers, and advancement*. The search yielded 50 articles. None were relevant to the nursing profession. Filters were added to narrow the search to peer-reviewed articles published in English between 2000 and 2020. The terms executive leaders, nurse leaders were added to the search criteria. Thirty articles were returned and reviewed. Articles were selected if they directly addressed underrepresentation of minorities, nurse leaders, recruitment and retention, and career advancement. Nine articles met the inclusion criteria and were critically appraised with the Johns Hopkins Nursing Evidence-Based Practice Non-Research and Research Evidence Appraisal Tool (Dang & Dearholt, 2018). The appraisal results were level III and from Good to high quality for research studies. Non-research studies ranged from level IV to level V and low to high quality. See Appendix for Evidence Table of studies included in this review.

## **Findings**

### ***Cultural Competence to Address Health Disparities***

Betancourt et al. (2005) conducted a qualitative study to look at racial and ethnic health disparities in the U.S, interviewing experts in managed care, government and academe to get their perspectives. The experts were asked to identify important components of cultural competence which could be used to leverage interventions that could be adopted to eliminate racial and ethnic disparities. The experts were asked to identify important components of cultural competence which could be used to leverage interventions to eliminate racial

and ethnic disparities. Common themes were identified at the organizational (leadership and workforce), structural (processes of care), and clinical (provider-patient encounter) levels. Interventions to increase cultural competence at the organizational level included minority recruitment into the health profession with an emphasis on minority leadership presence. (Betancourt et al.2005). The results from the interviews were consistent with the need to adopt best practice strategies to address racial/ethnic disparities in health and health care.

Access to healthcare provided by a culturally competent provider has been linked to quality patient care and outcomes. Cohen et al. (2002), made the case for a diverse healthcare workforce in a wide-ranging analysis of healthcare disparities and U.S. healthcare policies and practices. A conclusion drawn from the data reviewed was that minorities received lower quality care even when adjusted for the severity of the medical condition. The strategies discussed included increasing the representation of minorities in the healthcare workforce. Reasons given were to stay ahead of demographic trends and increase access to quality health services as a correlation exists between underserved areas and healthcare professional shortages. A recommendation from the study was to broaden research agendas to treat certain diseases that are prevalent in underserved populations. An argument presented was that increasing minority involvement in research would improve the likelihood of producing solutions to these critical health problems. Historically, there is a distrust of minority populations in research related to prior projects such as the Tuskegee. Minority leadership can advocate for research secondary to the prior egregious ethical violations of the Tuskegee, Henrietta Lacks project. Lastly, an argument was made for a diverse presence in the healthcare provider pool. A strong provider advocacy voice is needed to contribute to government efforts to address health care issues disproportionately impacting communities of color. (Cohen et al. 2002)

### ***Perceived Barriers to Career Advancement***

Iheduru-Anderson (2020) conducted a qualitative study of African American nurse recruitment in U.S. healthcare settings. Thirty African American nurses aged 25 to 65 from health care settings across five U.S. states were recruited for the study through purposive sampling. Semi-structured interviews were conducted with questions designed to elicit responses about the nurses' perceptions and experiences in seeking leadership and faculty positions. The responses consisted of seven themes: maintaining white comfort (discrimination), distrust, lack of someone that looks like me, leading the way, worthy of being chosen, leadership role not expected of minorities, and an advanced degree did not guarantee an advancement. The findings were that the nurses face many perceived challenges to advancement. The author suggested further studies to assess the extent African American nurses perceived workplace racism.

Minority nurses often perceive barriers to professional advancement to include discrimination, marginalization, and fewer opportunities for promotion. A semi-structured interview was conducted by Truitt & Snyder (2019) to assess stress and coping strategies utilizing content analysis. A guide was utilized to elicit direct and indirect responses around racism. The hypothesis was perceived vicarious racism has the same emotional stress associated with it, even though the person is not the intended target. The participants were eligible if they were a nurse or working in the healthcare related profession and identified as African American. The breakdown of participants were 11 registered nurses, one licensed practical nurse, three nurse supervisors, and three certified nursing assistants. All the participants reported both subtle and explicit racism in the workplace expressed by patients, peers, and supervisors. The participants were asked to share their experience with racism in the workplace. Some probing

was done to ask about how work affected their well-being. The findings of the study were that 78% of the participants described barriers to advancement through exclusion from education and mentoring opportunities, and the absence of policies to address discrimination and bias. All participants reported leaving former jobs to seek advancement in other hospitals.

Dunkley (2018) investigated the lived experiences of African American Chief Nursing Officers in a PhD dissertation. Taking hermeneutic phenomenological approach, Dunkley conducted semi-structured telephone interviews with African American nurse leaders in New York, New Jersey, and Connecticut. The data was analyzed using the Van Manen's approach to uncover and isolate themes from linguistic content. Three themes emerged: living in a constant state of readiness, embracing the role beyond the job description, and overcoming barriers. The participants perceived discrimination along their career path in the form of sabotage and mistrust from counterparts. Being a woman and a minority were identified as barriers to advancement. Limitations to this study were introduction of interviewer bias (Dunkley is African American), selection bias (participants were recruited via social media solicitation), and lack of generalizability due to small sample size and demographics (participants from metropolitan hospitals in tri-state New York, New Jersey, and Connecticut).

While the focus of this review was directed to African American nurses, notable in the literature are the shared experiences of other minorities. Moceris (2013) studied Hispanic nurses' experiences of bias in the workplace. In the qualitative component of the study, 111 Hispanic nurses were surveyed about their experiences in the workplace. Three themes emerged: being overlooked and undervalued, the feeling of 'only-ness,' amidst white colleagues and coworkers, and always having to prove one's competence. The rationale for not reporting perceived bias to

management was that their voices would not be heard or addressed and that speaking up could impede career advancement.

Fowler (2020) conducted a qualitative study of the leadership development and career advancement experience of minority nurses in U.S. public health departments. Thirty-nine nurses participated, with a demographic breakdown of 46 percent African American, 31 percent Latino, 18 percent Asian, and 5 percent American Indian. Participants were interviewed by a single researcher who asked open-ended questions. Six themes were identified: commitment, motivation for leadership development, racism, support for development, and survival skills. The first two themes were facilitators to career development and advancement. The participants reported commitment to the public health department and expressed securing a leadership role as an avenue to continue to do public health work in the community in which they serve. Systematic barriers were frequently identified as a huge obstacle. Participants expressed that promotions were subjective with candidates “handpicked” and that interviews were a mere formality. Participants expressed motivation to advance in their careers but were discouraged by hidden discriminatory hiring practices that stood in the way.

### ***Professional Development and Mentoring***

Snowden et al. (2007) discussed an innovative mentoring program. The mentoring program consisted of an online pre-immersion course, a series of meetings on financial aid, technology, and choosing and training mentors, a wrap-up lunch, and follow-up intensive reviews sessions and tutoring. The study consisted of 40 nurses who had already passed the NCLEX-RN exam and were either employed or newly graduated. Twenty-five percent (n=10) of the participants were in leadership positions. Qualitative data gathered post-intervention revealed gratitude for the mentoring opportunity, self-assessed increases in effective leadership skills,

acknowledged value of networking, and the need for extended time in a mentorship program. The mentoring program was successful based on survey data and participants subsequently securing leadership positions. Six months post-program, 70 percent of the participants had enrolled in some form of higher education. Study findings were limited by a small population sample at a single site and the low participant response (50%) to the post-intervention survey.

Ethnic professional organizations have an important role to advance minority nurses in leadership roles. With few minority leaders in nursing, there are too few opportunities for minority nurses to be mentored by someone of the same racial or ethnic background. Matza et al. (2018) conducted a qualitative study to examine the influence of professional organizations in developing nurse leaders and their potential role in a concerted strategy to diversify the future workforce. The study consisted of content analysis sampling from interviews of 15 nurses (12 female, 3 male) aged 32 to 65, with nursing experience from 15 to 33 years, and degrees from BSN to PhD. Four nurses were members of the Philippine Nurses Association, six were members of the Black Nurses Association, and five were members of the National Hispanic Nurses Association. Semi-structured interviews were conducted in person or by telephone by a single interviewer, recorded, and analyzed. The data was read and coded independently by three researchers using content analysis and subsequently interpreted using affinity diagrams. Four themes emerged: achievements, connectedness (community), racism, and isolation. Each theme had contributed to participants' decisions to join a professional organization. Microaggressions experienced in the workplace had contributed to the nurses' decisions to join an ethnic professional organization where they sought out nurses of their own race or ethnicity. The study identified the importance of a mentor but did not find the mentor's ethnicity to be a factor in satisfaction with mentoring. Rather, what was important was how supportive the mentor was to

the nurse's development. The participants reported being presented with leadership opportunities within the professional organization, but not in their careers. Networking and leadership skills acquired through participation in the organization were identified as helpful in career advancement. Limitations to the study were the small sample size and possible interviewer and participant bias (interviews conducted by a single researcher who was a person of color).

### **Implications for Nursing**

The Institute of Medicine 2002 report on healthcare disparities treated differences in access and outcomes as a moral and ethical problem that must be addressed (Gilliss et al., 2010). The COVID-19 pandemic has shed additional light on stark health disparities in underrepresented communities, typically communities of color. As the population of the U.S. becomes more ethnically and racially diverse, the nursing profession, will be forced to close the disparity gap, will need to close its own gap in minority nurse leadership. Healthcare organizations have been slow to act on diversifying the nursing profession, although some progress has been made in nursing education. To better serve a diverse patient population and achieve the desired outcomes, the nursing profession must continue to strategize recruitment and retention of underrepresented minorities in nursing Institutions and professional organizations must act to take down barriers to advancement for minority nurses by strengthening professional development programs, perceived racism and isolation head on.

### **Conclusions**

Year after year, government reports, professional association surveys, and healthcare organizations' own internal data identify the lack of racial and ethnic diversity in nursing leadership. Efforts to close the diversity gap are many and well-intentioned, yet minorities continue to be underrepresented in nursing leadership roles. More needs to be understood about

the specific barriers faced by experienced nurses seeking to transition into nursing management and the strategies for success to overcome those barriers. Further research on mentoring and the role of professional organizations is needed. The literature supports a culturally diverse workforce as crucial in addressing health care disparities and delivery culturally competent care, yet best practices have not yet surfaced for closing the disparity gap in nursing leadership. Workforce diversity requires an organizational commitment. African American nurse leaders are needed to develop best practices to recruit, retain, and mentor a more diverse workforce to deliver culturally competent care. There is much work to be done and the time is now.

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